

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90066 029 ***155.00

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1. Entity Name

JOVEL TECHNOLOGIES, INC.



Principal Place of Business

9120 HIGHLAND RIDGE WAY
TAMPA FL 33647

Mailing Address

9120 HIGHLAND RIDGE WAY
TAMPA FL 33647

2. Principal Place of Business

10216 GARDEN ALCOVE DR.

Suite, Apt. #, etc.

3. Mailing Address

10216 GARDEN ALCOVE DR.

Suite, Apt. #, etc.

City & State

TAMPA, FL 33647

Zip
33647

Country

USA

City & State

TAMPA, FLORIDA

Zip

33647

Country

USA

4. FEI Number

65-1106642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOVEL, EFRAIN E
9120 HIGHLAND RIDGE WAY
TAMPA FL 33647

7. Name and Address of New Registered Agent

Name JOVEL, EFRAIN E.

Street Address (P.O. Box Number is Not Acceptable)

10216 GARDEN ALCOVE DR.

City TAMPA,

FL

Zip Code

33647

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME JOVEL, EFRAIN E
STREET ADDRESS 9120 HIGHLAND RIDGE WAY
CITY-ST-ZIP TAMPA FL 33647

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME JOVEL, EFRAIN E.
STREET ADDRESS 10216 GARDEN ALCOVE DR
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/2005 (813) 865-4195

Date

Daytime Phone #